36				viois/#/moo.olot	os://pome.dasse	
	CERTIFICATE OF INTERESTED PAR	TIES		FOR	M 1295	
F			<u> </u>	OFFICE USE		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			RTIFICATION		
1				Certificate Number:		
Ľ	Name of business entity filing form, and the city, state and country of the business entity's place of business. FGM Sports		2020-610302			
				020002		
	Killeen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			04/21/2020		
	City Of Killeen		Date Acknowledged:			
	2					
3	3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.					
	46-2488387					
	Youth Sports Officiating and Scorekeepers					
H		1		Nature of interest		
4	Name of Interested Party	City, State, Country (place of busine				
				Controlling	Intermediary	
FGM Sports		Killeen, TX United States		x		
			-			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	Munamaia Ecitz C Dalles	and my data of h	talla ta	NSIDIAL	1970	

6	UNSWORN DECLARATION					
	My name is Fritz G Miller		, and m	y date of birth is	05 061	1970
	My address is 4607 A SKY Elower LN (street)	K	; lleen (city)	, <u></u> ,,, (state)	76549 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and o	orrect.				
	Executed in <u>Bc//</u> C	ounty, State of	TX	_, on the <u>14 th</u> d	ay of May (month)	20 <u>_20</u> (year)
		2-5	à mile	~		
	Signature of authorized agent of contracting business entity (Declarant)					
Foi	ms provided by Texas-Ethics Commission	w.ethics.state	.tx.us		Version	V1.1.3a6aaf7

Forms provided by Texas-Ethics Commission

	www.ethics.state.	tx.
Parents	ClassDojo for	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

L					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILIN						
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2020-610302			
	FGM Sports			0 0 0 0 0 0 0 0 0			
	Killeen, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	of governmental entity or state agency that is a party to the contract for which the form is			04/21/2020		
	City Of Killeen				Date Acknowledged: 05/14/2020		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	46-2488387 Youth Sports Officiating and Scorekeepers						
4					finterest		
	Name of Interested Party	City, State, Country (place of	business)		oplicable)		
				Controlling	Intermediary		
F	GM Sports	Killeen, TX United States		×			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is, and my date of birth is						
	My address is(street)		, (state)	,(zip code)	_, (country)		
	I declare under penalty of perjury that the foregoing is true and corre				,		
	Executed inCounty, State of, on the		on the	_day of(month)			
	Signature of authorized agent of contracting business entity						
	(Declarant)						